



# **Departmental Quarterly Performance Report**

**Department Name: Office of Safe Neighborhood Parks**

**Reporting Period:**

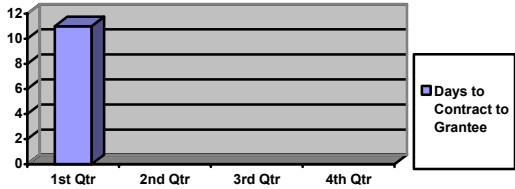
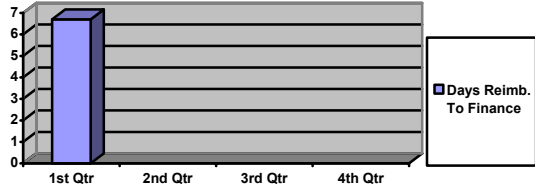
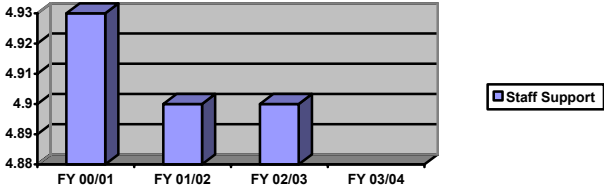
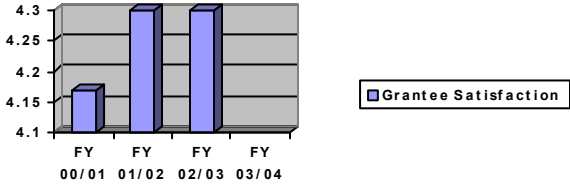
**FY 03/04**

**1st Quarter**

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**MAJOR PERFORMANCE INITIATIVE**

<p>County Mgr. Priority (Circle One): <i>People</i> <u>Service</u> <i>Technology</i> <i>Fiscal Responsibility</i></p> <p><b>ES-8 Develop contracts and amendments with Grantees for disbursement of bond proceeds and interest earnings within 6 days following authorizing action.</b></p>  <p>* The number of days exceeded the target by three (3), due to a change in staff.</p>	<p><input checked="" type="checkbox"/> Strategic Plan</p> <p><input checked="" type="checkbox"/> Business Plan</p> <p><input type="checkbox"/> Budgeted Priorities</p> <p><input checked="" type="checkbox"/> Customer Service</p> <p><input type="checkbox"/> ECC Project</p> <p><input type="checkbox"/> Workforce Dev.</p> <p><input type="checkbox"/> Audit Response</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
<p>County Mgr. Priority (Circle One): <i>People</i> <u>Service</u> <i>Technology</i> <i>Fiscal Responsibility</i></p> <p><b>ES-8 Upon submission of complete and accurate reimbursement requests from Grantee, submit payment request to Finance within 9 days.</b></p> 	<p><input checked="" type="checkbox"/> Strategic Plan</p> <p><input checked="" type="checkbox"/> Business Plan</p> <p><input type="checkbox"/> Budgeted Priorities</p> <p><input checked="" type="checkbox"/> Customer Service</p> <p><input type="checkbox"/> ECC Project</p> <p><input type="checkbox"/> Workforce Dev.</p> <p><input type="checkbox"/> Audit Response</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
<p>County Mgr. Priority (Circle One): <i>People</i> <u>Service</u> <i>Technology</i> <i>Fiscal Responsibility</i></p> <p><b>ES-9 Maintain a 4.5 (out of 5.0) satisfaction rating for staff support/service by the SNP Oversight committee.</b></p> 	<p><input checked="" type="checkbox"/> Strategic Plan</p> <p><input checked="" type="checkbox"/> Business Plan</p> <p><input type="checkbox"/> Budgeted Priorities</p> <p><input checked="" type="checkbox"/> Customer Service</p> <p><input type="checkbox"/> ECC Project</p> <p><input type="checkbox"/> Workforce Dev.</p> <p><input type="checkbox"/> Audit Response</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
<p>County Mgr. Priority (Circle One): <i>People</i> <u>Service</u> <i>Technology</i> <i>Fiscal Responsibility</i></p> <p><b>ES-9 Maintain 4.3 (out of 5.0) satisfaction rating by the SNP Grantees.</b></p> 	<p><input checked="" type="checkbox"/> Strategic Plan</p> <p><input checked="" type="checkbox"/> Business Plan</p> <p><input type="checkbox"/> Budgeted Priorities</p> <p><input checked="" type="checkbox"/> Customer Service</p> <p><input type="checkbox"/> ECC Project</p> <p><input type="checkbox"/> Workforce Dev.</p> <p><input type="checkbox"/> Audit Response</p> <p><input type="checkbox"/> Other _____ (Describe)</p>

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**PERSONNEL SUMMARY**

***A. Filled/Vacancy Report***

NUMBER OF FULL-TIME POSITIONS*	Filled as of September 30 of Prior Year	Current Year Budget	Actual Number of Filled and Vacant positions at the end of each quarter							
			Quarter 1		Quarter 2		Quarter 3		Quarter 4	
			Filled	Vacant	Filled	Vacant	Filled	Vacant	Filled	Vacant
	4	4	3	1						

\* Public Safety Departments should report the sworn versus non-sworn personnel separately and Departments with significant part-time, temporary or seasonal help should report these separately.

**Notes:**

***B. Key Vacancies***

The Special Projects Administrator 1 Position is vacant. It is anticipated that this vacancy will be filled during the second quarter of FY03/04. The Department was approved for an overage Contracts Officer position, but has since determined not to fill this position.

***C. Turnover Issues***

NONE

***D. Skill/Hiring Issues***

NONE

***E. Part-time, Temporary and Seasonal Personnel***

*(Including the number of temporaries long-term with the Department)*

OSNP funds one (1) Clerk III in Miami-Dade County Park & Recreation Department up to \$24,000.

***F. Other Issues***

NONE

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**FINANCIAL SUMMARY**

(All Dollars in Thousands)

	PRIOR YEAR  Actual	CURRENT FISCAL YEAR						
		Total Annual Budget	Quarter		Year-to-date			
			Budget	Actual	Budget	Actual	\$ Variance	% of Annual Budget
<b>Revenues</b>								
♦	427,068	530,000	132,500	105,395	132,500	105,395	27,105	20%
♦								
♦								
♦								
<b>Total</b>	427,068	530,000	132,500	105,395	132,500	105,395	27,105	20%
<b>Expense*</b>								
<b>Personnel</b>	337,338	445,700	111,425	99,860	111,425	99,860	11,565	22%
<b>Operating</b>	89,730	84,300	21,075	5,535	21,075	5,535	15,540	7%
<b>Capital</b>	0	0	0	0	0	0	0	
<b>Total</b>	427,068	530,000	132,500	105,395	132,500	105,395	27,105	20%

\* Expenditures may be reported by activity as contained in your budget or may be reported by category (personnel, operating and capital).

**Equity in pooled cash (for proprietary funds only)**

Fund/ Subfund	Prior Year	Projected at Year-end as of			
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>380/38A</b>	3,035,756	2,830,673			
<b>380/38B</b>	4,839,124	3,986,634			
<b>380/38C</b>	14,990,319	13,795,502			
<b>380/38D</b>	14,214,279	13,928,988			
<b>380/38E</b>	7,238,839	6,993,246			
<b>Total</b>	44,318,317	41,535,043			

**Comments:**

(Explain variances, discuss significant in-kind services, provide status of aged receivables at 30-60-90-+ days and those scheduled for write-off, if applicable)

- 1- Revenues drawn down only to cover expenses
- 2- Approximately 33% of all operation expenses are incurred in the 4<sup>th</sup> Quarter (general administration cost, annual audit, final rent expense, etc.). However, the Department must cover a \$75,000 annual lave payout in the 2<sup>nd</sup> quarter.

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***STATEMENT OF PROJECTION AND OUTLOOK***

**The Department projects to be within authorized budgeted expenditures and projects that available revenues will exceed expenses except as noted below:**

Notes and Issues:

(Summarize any concern or exception that will prohibit the Department from being within authorized budgeted expenditures and available revenues)

**NONE**

**DEPARTMENT DIRECTOR REVIEW**

The Department Director has reviewed this report in its entirety and agrees with all information presented including the statement of projection and outlook.

\_\_\_\_\_  
Signature  
Department Director

Date\_\_\_\_\_